

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

09/647265

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |   |           |                                   |             |     |   |                  |         | SMALL ENTITY TYPE |                        |       | OTHER THAN OR SMALL ENTITY |                        |
|--|---|-----------|-----------------------------------|-------------|-----|---|------------------|---------|-------------------|------------------------|-------|----------------------------|------------------------|
| FOR  |   |           | NUMBER FILED                      |             |     | NUMBER EXTRA                                |                  | 1       | RATE              | FEE                    |       | RATE                       | FEE                    |
|  |   |           |                                   |             |     |   |                  |         | . naic            | ree                    |       | MAIE                       |                        |
| BASIC FEE  |   |           |                                   | ·           |     | · · · · · · · · · · · · · · · · · · ·       |                  | 2       | · · ·             |                        | OR    |                            | 840                    |
| TOTAL CLAIMS   |   |           | 15 minus 20=                      |             |     | •   |                  | ď       | X\$ 9=            |                        | OF    | X\$18=                     |                        |
| INDEPENDENT CLAIMS   |   |           | っって minus 3 =                     |             |     | •   |                  | .65     | X39=              |                        | ΟŘ    | X78=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |           |                                   |             |     |   | , 133<br>CC1     | +130=   |                   | OH                     | +260= |                            |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |           |                                   |             |     |   |                  | ∳       | TOTAL             |                        | OR    | TOTAL                      | 840                    |
| CLAIMS AS AMENDED - PART II  |   |           |                                   |             |     |   |                  |         |                   |                        |       | OTHER THAN                 |                        |
| (Column 1) (Column 2) (Column 3)   |   |           |                                   |             |     |   |                  | SMALL E | ENTITY            | OR                     | SMALL |                            |                        |
| AMENDMENT A  |   | REM<br>Af | AIMS<br>AINING<br>TER<br>IDMENT   | Sales Sales | Pi  | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR  | PRESENT<br>EXTRA |         | RATE              | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | • /       | 4                                 | Minus       | **  | 20  | =                |         | X\$ 9=            |                        | OR    | X\$18=                     |                        |
|  | Independent   | •         | ξ'                                | Minus       | **  |   | =                |         | X39=              |                        | OR    | X78=                       |                        |
|  | FIRST PRESE   | NTATIO    | ON OF MI                          | ULTIPLE DEF | PEN | DENT CLAIM                                  |                  | \.      | +130=             |                        | OR    | +260=                      |                        |
|  |   |           |                                   |             |     |   |                  |         | TOTAL             |                        |       | TOTAL                      | 7                      |
|  |   |           | 41                                | •           | ,,  | O = l                                       | (Column 3)       | •       | ADDIT. FEE        |                        | 1     | ADDIT. FEE                 |                        |
|  | # Maria Cara  |           | umn 1)<br>AIMS                    | NAME OF ACT |     | Column 2) HIGHEST                           |                  |         |                   | ADDI-                  |       |                            | ADDI-                  |
| AMENDMENT B  |   | Al        | AINING<br>TER<br>NDMENT           |             | Р   | NUMBER<br>REVIOUSLY<br>PAID FOR             | PRESENT<br>EXTRA |         | RATE              | TIONAL<br>FEE          |       | RATE                       | TIONAL<br>FEE          |
|  | Total   | •         |                                   | Minus       | **  |   | =                |         | X\$ 9=            |                        | OR    | X\$18=                     |                        |
|  | Independent   | •         |                                   | Minus       | ••  |   | . =              |         | X39=              |                        | OR    | X78=                       |                        |
| Ĺ  | FIRST PRESE   | NTATIO    | ON OF M                           | ULTIPLE DE  | PEN | DENT CLAIM                                  |                  |         | +130=             |                        | 00    | +260=                      |                        |
|  | •   |           |                                   | •           |     |   |                  |         | TOTAL             |                        | OR    | TOTAL                      |                        |
|  |   |           |                                   |             |     |   |                  |         | ADDIT. FEE        | L                      | OR    | ADDIT. FEE                 | L                      |
|  |   |           | umn 1)                            |             | (   | Column 2)                                   | (Column 3)       |         |                   |                        |       |                            |                        |
| AMENDMENT C  |   | REM<br>A  | AIMS<br>IAINING<br>FTER<br>NDMENT |             | P   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |         | RATE              | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   |           |                                   | Minus       | ••• |   | =                |         | X\$ 9=            |                        | OR    | X\$18=                     |                        |
|  | Independent   | •         |                                   | Minus       | 1   | ••  | =                |         | X39=              |                        | OR    | X78=                       |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |           |                                   |             |     |   |                  |         | <b></b>           |                        | 1     | .000                       |                        |
|  |   |           | 1                                 | AL          |     | 2 write "0" in ac                           | olumn 3          |         | +130=             |                        | OR    | +260=                      |                        |
| 1 .  | <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE</li> <li>**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."</li> <li>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</li> </ul> |           |                                   |             |     |   |                  |         |                   |                        |       |                            |                        |